



**LICENSE APPLICATION**  
**CLASS 7 SPECIALIST—RENEWAL**

Mail application to:  
**Denise Juneau**  
**State Superintendent**  
**PO Box 202501**  
**Helena, Montana 59620-2501**  
**www.opi.mt.gov**

• NOTICE •  
APPLICATIONS MORE THAN ONE  
YEAR OLD WILL BE DESTROYED.

Make checks payable to:

Office of Public Instruction

☐ Class 7 Renewal \$30.00

**MUST be completed in black ink.**

**Applicant:**

Last Name

First Name

Middle Name

Former Name(s)

Address:(Street, RFD, Box)

City

State

ZIP

E-Mail Address:

Folio No.  
(if previously assigned)

Social Security No.

Date of Birth

Home Telephone

Work Telephone

**Oath:** Montana law requires you to subscribe to the following oath, which was included in your initial Montana Educator License application: "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana." I acknowledge that this oath is binding as long as I hold a Montana Educator License.

Initial \_\_\_\_\_

• IMPORTANT INFORMATION: Fingerprint-Based Background Check •

Please Note: If your Class 7 license has lapsed, you must complete an *initial* Class 7 application.

(Section 20-4-102, MCA and ARM 10.57.436)

10. **RENEWAL:** Sixty (60) renewal units earned during the period of active licensure are required for renewal of the Class 7 license. These renewal units are to be authorized and verified by the tribe which verified eligibility. Renewal units are clock-hour equivalents in context extending or strengthening the qualifications of the license holder.

Earned Renewal Unit Requirement:

Date	Activity Title	Source of Program	Units Granted

Attested to by:

\_\_\_\_\_  
(Signature of Tribal Chairperson)

and/or

\_\_\_\_\_  
(Designated Official\*)

\_\_\_\_\_  
(Printed or Typed Name of Official)

\_\_\_\_\_  
(Date of Signature)

\*Designated officials are those identified by the chairperson and reported to the Superintendent of Public Instruction.

# MONTANA EDUCATOR LICENSURE APPLICATION

## CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP
Social Security Number				
				<b>Yes</b>
Do you currently hold a Montana Educator License?				<b>No</b>
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?  If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____				
Answer each of the following questions by checking "Yes" or "No." <b>If the answer to any of the questions below is "Yes," please attach a separate <u>signed, dated, and detailed explanation</u> of each event, including the date of the event and the circumstances surrounding the event.</b>				
<b>The questions apply to your experiences in Montana or in any other state or country.</b>		<b>Yes</b>	<b>No</b>	<b>Information Previously Provided to OPI</b>
<b>1</b>	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?  Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
<b>2</b>	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?  The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

		Yes	No	I nformation Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

**Release of Information:**

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:**

Fingerprint Background Check Complete \_\_\_\_\_

Investigation Complete \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date \_\_\_\_\_

Comments:



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
[www.opi.mt.gov](http://www.opi.mt.gov)  
ATTN: Educator Licensure

## CHECKLIST CLASS 7 RENEWAL

**Please be aware that:**

- **Incomplete application files will be returned without action,**
- **Fees paid are nonrefundable,**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, physical address and phone numbers. (page 1)
- ☐ Have you completed the Character and Fitness Information? (pages 3-4)
- ☐ Have you listed all renewal units, the date of the activity, source of the activity, and renewal units granted? (page 2)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your designated official and/or Tribal Chairperson signed and dated section 10? (page 2)